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## BIB DATA SHEET

CONFIRMATION NO. 1314

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/042,421	10/18/2001	530	1644	36459-501001US		
<b>APPLICANTS</b> Robert Sackstein, Sudbury, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/240,987 10/18/2000 and claims benefit of 60/297,474 06/11/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> SMALL ENTITY ** 03/07/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PHILLIP GAMBEL/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 22	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES						
<b>TITLE</b> HEMATOPOIETIC CELL E-SELECTIN / L-SELECTIN LIGAND GLYCOSYLATED CD44 POLYPEPTIDE						
<b>FILING FEE RECEIVED</b> 1418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		